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LIFE INSURANCE ASSOCIATION
OF MASSACHUSETTS

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May 27, 2010

The Honorable David Morales
Commissioner
Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116

RECEIVED
DIVISION OF HEALTH CARE
FINANCE AND POLICY
2010 MAY 27 A 9:11

Re: 114.5 CMR 21.00 – Health Care Claims Data Submission &
114.5 CMR 22.00 - Health Care Claims Data Release

Dear Commissioner Morales:

I am writing on behalf of the Life Insurance Association of Massachusetts in support of proposed regulation 114.5 CMR 21.00 – *Health Care Claims Data Submission* and 114.5 CMR 22.00 - *Health Care Claims Data Release*. LIAM is a trade association representing fourteen leading life, health, disability and long-term care insurers licensed to do business in the Commonwealth. Nine of these companies are domiciled in Massachusetts.

LIAM supports the proposed regulations and the pursuit of making meaningful health care information available to health care consumers, providers, payers and policymakers as they evaluate decisions regarding health care costs. The Division's efforts to create a statewide all-payer health care claims database will go far in making that information available.

We are concerned, however, that the scope of the health benefits to be reported upon by private health care payers has not been limited to the comprehensive major medical benefits provided by "health benefit plans" as defined at G.L.c.176Q, §1.

As noted in the Notice of Public Hearing, these regulations are being promulgated pursuant to the requirements of Section 23 of Chapter 305 of the Acts of 2008. That section amended G.L.c.118G, §6 and provides that the DOI shall require submission of data from private and public health care payers offering small and large group health plans that meet the minimum standards and guidelines established under section 8H of Chapter 26.

Chapter 26, §8H provides that "The division of insurance, in consultation with the commonwealth health insurance connector established by chapter 176Q, shall establish and publish minimum standards and guidelines at least annually for each type of health benefit plans, ..., provided by insurers and health maintenance organizations doing business in the commonwealth."

Chapter 176Q defines "health benefit plans" to NOT include "limited scope vision or dental benefits if offered separately, hospital indemnity insurance.... disability income insurance..... long-term care if offered separately" and other coverages.

We urge the Division to specifically exclude from the all-payer health care claims database reporting requirements those coverages enumerated in G.L.c.176Q definition of "health benefit plans" that are deemed not to be "health benefit plans". These coverages provide either supplemental benefits to the consumer's comprehensive major medical benefit plans or provide non-medical health insurance benefits. Unlike comprehensive major medical benefits that are customarily paid directly to the provider, these benefits are customarily paid to the insured as a supplement to their comprehensive major medical health benefit plans or as cash for use for other purposes such as long-term care expenses or as a replacement for loss of income due to a disability. Data reporting for these plans would not be relevant in assessing the costs for providing comprehensive major medical health benefit plans, the purposes for which the all-payer health care claims database is being created. A clarification so limiting the claims reporting requirements would result in an all-payer claims database that would more accurately reflect the costs of providing comprehensive major medical health care plans.

We thank you for the opportunity to comment on these proposed regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew J. Calamare". The signature is fluid and cursive, with the first name "Andrew" and last name "Calamare" clearly distinguishable.

Andrew J. Calamare
President and Chief Executive Officer